Name in Full

Mrs Ann Anderson

Certificate of Death 223

Died at Town: Williamsport — County: Washington — MARYLAND

Date: 1904 Month: Oct. Day: 29 — Age: Y. 81 M. D. — Native of: West Virginia — Occupation: House wife

~~Male~~ / Female — White / ~~Colored~~ — Married / ~~Single~~ — Widow / ~~Widower~~ — Divorced

Number of children living five

Husband of Wife

Father's Name

Mother's Name

154

Cause of Death — Primary: Old age — Immediate: Heart failure

How long sick: six weeks

~~Accident~~, ~~Suicide~~, ~~Homicide~~

Reported by Dr D. F. Lesher

Address Williamsport Maryland

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU FORM

Name in Full: James Ankeney

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Clear Spring County: Wash

Date of death: Month: Oct Day: 8 1904

Age: Years: 72 Months: Days:

Sex: Male

Color or Race: White

Birthplace: St Pauls Md

Occupation: Farmer

Where Residing if not at place of death:

Married, Single or ~~Widowed~~

Name of Wife or Husband:

Father's Name: Geo Ankeney

Father's Birthplace: Md

Mother's Maiden Name: Catherine Frock

Mother's Birthplace: Md

Name of person giving information:

How related to deceased:

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Indigestion 104

How long: 1 hour

Immediate: Heart Failure

How long: 1 hour

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Frantz Bros

Address: Clear Spring

Accident or Suicide?

Undertaker's

LIBRARY BUREAU A69518

Name In Full

Certificate of Death

Mary Betts

Died at Town: Keewsille County: Washington MARYLAND

Date 1904 Month: Oct Day: 9 | Age Y. 67 M. 10 D. 13 | Native of Md | Occupation Housewife

~~Male~~ Female | White ~~Colored~~ | Married ~~Single~~ | ~~Widow~~ Widower | ~~Divorced~~ | Number of children living None

~~Husband~~ Wife of David L Betts

Father's Name Henry Rinck | Mother's Name Barbara Middlekauff

Cause of Death: Primary Cerebral Hemorrhage | How long sick 3½ days

Immediate | ~~Accident, Suicide, Homicide~~

64

Reported by S. N. Umstot M D

Address Hagerstown Washington Co.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79998

Name in Full: William Rufus Bowman

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Broadfording — County: Wash—

Date of death: Month: Oct. — Day: 7 — Year: 1904 — Age: Years: 22 — Months: 6 — Days: —

TO BE ANSWERED BY NEAREST FRIEND

Sex: male — Color or Race: white — Birthplace: Frederick Co Md

Occupation: farm hand — Where Residing if not at place of death: broadfording

Married, Single or Widowed: widow — Name of Wife or Husband:

Father's Name: Adam Bowman — Father's Birthplace: Smithsburg Md

Mother's Maiden Name: Martha Brenner — Mother's Birthplace: " " "

Name of person giving information: Martha Wolford deceased Mother — How related to deceased: Mother

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Pulmonary Tuberculosis — How long: 3 Months

Immediate: — — — 2 — How long: — — —

Are the name, age, sex, color, date and place correctly given above?

yes

Accident or Suicide?

Signature of Physician: D.C.R. Williams

Address: Mason & Dixon Pa

A Maugans & son undertakers

LIBRARY BUREAU A83016

Property of
Baylor University
Institute for Oral History

Name in Full: Frederick Waller Burger.

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Hagerstown; County: Wash

Date of death: Month: Oct; Day: 1; 1904

Age: Years: 15; Months: 7; Days: 5

Sex: male; Color or Race: white; Birthplace: Md.

Occupation: —; Where Residing if not at place of death: —

Married, Single or Widowed: single; Name of Wife or Husband: —

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: Frederick G. Burger; Father's Birthplace: Md.

Mother's Maiden Name: Barbara Ernst; Mother's Birthplace: "

Name of person giving Information: F. G. Burger; How related to deceased: father.

CAUSES OF DEATH

Primary: Tuberculosis 27; How long: 2 Months

Immediate: Mastoid abscess with Pleurisy; How long: 6 Weeks

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: A. G. Mason

Address: Hagerstown Md

Accident or Suicide?

LIBRARY BUREAU A88616

Name in Full: Clarence E Cook

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Hagerstown — County: Washington

Date of death 1904 — Month: 10 — Day: 11

Age — Years: 7 — Months: 2 — Days: 25

Sex: Male — Color or Race: Colored — Birthplace: Pa

Occupation: Child — Where Residing if not at place of death:

Married, Single or Widowed: — Name of Wife or Husband:

Father's Name: George Cook — Father's Birthplace: Va

Mother's Maiden Name: Sarah E Powell — Mother's Birthplace: Pa

Name of person giving Information: Sarah E Cook — How related to deceased: Mother

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Tuberculosis — How long: About a year

Immediate: Tuberculosis — How long: About a year

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: E. M. Shindel M.D.

Address: Hagerstown, Md

Accident or Suicide?

LIBRARY BUREAU A89916

Name in Full

Certificate of Death 324

Mrs. Henrietta Coyster

Died at Town: Williamsport County: Washington MARYLAND

Date 1904. Month: October Day: 31st Age Y. 77 M. 1 D. — Native of Maryland Occupation House wife

~~Male~~ / Female — White / ~~Colored~~ — Married / ~~Single~~ — Widow / ~~Widower~~ — Divorced — Number of children living three

~~Husband~~ / Wife of Daniel Coyster

Father's Name — Mother's Name

Cause of Death: Primary Paralysis — How long sick one week

Immediate Heart failure

~~Accident~~, ~~Suicide~~, ~~Homicide~~

Reported by Dr. D. J. Lesher

Address Williamsport Maryland

Must be signed by physician, if any in attendance, otherwise by [illegible]ner, undertaker or minister.

LIBRARY BUREAU, 85748

J. M. M.

Name in Full: Andrew Danner

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Hoffmansville; County: Washington

Date of death: Month: 10; Day: 5th; Year: 1904

Age: Years: 82; Months: 1; Days: 19

Sex: Male; Color or Race: W-White; Birthplace: Frederick Co

Occupation: Laborer; Where Residing if not at place of death:

Married, Single or Widowed: Married; Name of Wife or Husband: Susanna Danner

Father's Name: Unknown; Father's Birthplace: Frederick Co.

Mother's Maiden Name: Unknown; Mother's Birthplace: Frederick Co.

Name of person giving Information: Susanna Danner; How related to deceased: Wife

TO BE ANSWERED BY NEAREST FRIEND

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CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Valvular Heart Disease; How long: }

Immediate: Sudden Heart failure; How long: 10 Minutes

Are the name, age, sex, color, date and place correctly given above? yes.

Signature of Physician: D. Wm. Reichard

Address: Fairplay.

Accident or Suicide?

LIBRARY BUREAU A88516

Name in Full: Still born Child.

CERTIFICATE OF DEATH

MARYLAND

Died — Town: near Hagerstown County: Washington

Date of death: Month: Oct Day: 16 Years: Still born Months Days

Age

Sex: male Color or Race: white Birthplace: Md

Occupation: Where Residing if not at place of death:

Married, Single or Widowed: single Name of Wife or Husband:

Father's Name: Silas Delauder Father's Birthplace: Md.

Mother's Maiden Name: Wolfinger Mother's Birthplace: "

Name of person giving Information: Silas Delauder How related to deceased: father

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: How long

Immediate: Still Born How long

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician — Address: C. M. Zeller Undertaker Hagerstown, Md.

Accident or Suicide?

LIBRARY BUREAU A88616

Long meadows –

Name in Full: John Deloosier

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Smithsburg; County:

Date of death 1904: Month: Oct; Day: 26

Age: Years: 64; Months: 8; Days: 14

Sex: Male

Color or Race: White

Birthplace: Wash. Co

Married, Single or Widowed: Married

Occupation: Laborer

Name of Wife or Husband: Minna Deloosier

Father's Name: Jno Deloosier

Father's Birthplace: Wash. Co

Mother's Maiden Name: Margaret Bowling

Mother's Birthplace: " "

Name of person giving Information: "

How related to deceased: wife

TO BE ANSWERED BY NEAREST FRIEND.

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Cerebral Apoplexy

How long: 12 hours

Immediate: " "

How long: " "

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Dr Jos. Protzman

Address: Smithsburg Md.

Accident or Suicide?

LIBRARY BUREAU A6881S

Name in Full: Mrs Nannie Eldridge

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Hagerstown; County: Washington

Date of death: Month: 10; Day: 25; 1904

Age: Years: 67; Months: —; Days: —

Sex: Female

Color or Race: White

Birthplace: Md

Occupation: House work

Where Residing if not at place of death:

Married, Single or Widowed: Widow

Name of Wife or Husband: John Eldridge

Father's Name: John Cunningham

Father's Birthplace: Md

Mother's Maiden Name: Don't Know

Mother's Birthplace: Don't Know

Name of person giving information: John Eldridge

How related to deceased: Step Son

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Burned to death 1/67

How long

Immediate

How long

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: H. C. Hyman

Address: Hagerstown Md

Accident or Suicide?

Funeral Director

LIBRARY BUREAU A88516

Name in Full: Rethard Leroy Foench

CERTIFICATE OF DEATH

Died at: Town: Big Pool; County: Washington; MARYLAND

Date of death 1904: Month: 10; Day: 21; Age: Years: 9; Months: 1; Days: 26

Sex: Male; Color or Race: White; Birthplace: Big Pool

Occupation:

Where Residing if not at place of death:

TO BE ANSWERED BY NEAREST FRIEND

Married, Single or Widowed:

Name of Wife or Husband:

Father's Name: John R. Foench; Father's Birthplace: Md.

Mother's Maiden Name: Amanda V. Price; Mother's Birthplace: Md.

Name of person giving In formation: John R. Foench; How related to deceased: Father

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Burns of Chest and Right Arm; How long: 36 hours

Immediate: Congestion of Kidneys; How long:

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: J. P. Perry

Address: Clearspring Md

Accident or Suicide?

LIBRARY BUREAU A66516

Name in Full: Ethel B Funkhouser

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Hagerstown; County: Washington

Date of death 190[illegible]: Month: 10; Day: 21

Age: ~~Years~~ 2; Months: 3; Days:

Sex: Female

Color or Race: White

Birthplace: Md

Occupation:

Where Residing if not at place of death:

Married, Single or Widowed:

Name of Wife or Husband:

Father's Name: Ralph A Funkhouser

Father's Birthplace:

Mother's Maiden Name: Helen E Bates

Mother's Birthplace:

Name of person giving information:

How related to deceased: Father

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Tuberculosis — How long: 14 days

Immediate: Meningitis — How long: four days

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: J. E. Pitsenbyle

Address: Hagerstown Md

Accident or Suicide?

LIBRARY BUREAU A88516

Name in Full: Edward L. Gittings

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Brunswick — County: Washington

Date of death 1904 — Month: 10 — Day: 26

Age — Years: 14 — Months: 4 — Days: 3

Sex: Male

Color or Race: White

Birthplace: Md

Married, Single or Widowed: S

Occupation: Merchant

Name of Wife or Husband: Arnetta V. Gittings

Father's Name: Jeremiah Gittings

Father's Birthplace: Md.

Mother's Maiden Name: Priscilla Shipley

Mother's Birthplace: Virginia

Name of person giving Information: Arnetta V. Gittings

How related to deceased: Wife

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Paralysis

How long: 15 min.

Immediate: "

How long: "

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: F. T. Gantz M.D.

Address: Brunswick Md.

Accident or Suicide?

LIBRARY BUREAU A88516

Name in Full: Thomas Good

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Hagerstown; County: Washington

Date of death: 1904; Month: Oct.; Day: 12

Age: Years: about 40; Months; Days

Sex: male; Color or Race: White; Birthplace: Not Known

Occupation: Laborer; Where Residing if not at place of death: New York. N.Y.

Married, Single or Widowed: single; Name of Wife or Husband: —

Father's Name: Not Known; Father's Birthplace

Mother's Maiden Name: " ; Mother's Birthplace

Name of person giving Information: C M Suter; 66.; How related to deceased: none

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Fractured Skull by being hit by a car of "Loop the Loop"; How long

Immediate: ; How long

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: C M Suter Undertaker

Address: Hagerstown Md.

Accident [redacted]

LIBRARY BUREAU A6881G

Name in Full: Vesta Arline Gossard

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CERTIFICATE OF DEATH

MARYLAND

Died or in Clear Spring District (Town) Washington (County)

Date of death 1904	Month	Day	Age	Years	Months	Days
	Oct	3		8	2	17

Sex: Female | Color or Race: White | Birthplace: Near Charlestown Md

Married, Single or Widowed | Occupation

Name of Wife or Husband

Father's Name: Samuel K. Gossard | Father's Birthplace: Charlestown Md

Mother's Maiden Name: Florence E. Downs | Mother's Birthplace: Downsville Md

Name of person giving information: J. E. Downs | How related to deceased: Uncle

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Gastritis with Valvular Heart Lesion | How long: 3 Weeks

Immediate: Heart Failure | How long: Immediate

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: D. Perry

Address: Clearspring Maryland

Accident or Suicide?

LIBRARY BUREAU A88516

Name in Full: Richard Wesley Harper

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Bealer Summit — County: Washington

Date of death: Month: Oct. — Day: 23 — 1904 — Age: Years: — Months: — Days:

Sex: — Color or Race: White — Birthplace: Funkstown

Occupation: Rail Rode. — Where Residing if not at place of death:

Married, Single or Widowed: Single — Name of Wife or Husband: No

Father's Name: Griffin L Harper — Father's Birthplace: Funkstown

Mother's Maiden Name: Margaret E Spielman — Mother's Birthplace: Virginia

Name of person giving Information: Griffin L Harper — How related to deceased: Father

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: 166 — How long:

Immediate: Squeezed between two cars — How long:

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: L. F. Roecker Undertaker.

Address: Funkstown, Md.

Accident or ~~Suicide~~

LIBRARY BUREAU A88018

Dec 1903

28

Name in Full: David S. Hartle

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Hagerstown; County: Washington

Date of death: Month: Oct. Day: 9 1904

Age: Years: 63 Months: 8 Days: —

Sex: male

Color or Race: white

Birthplace: Md.

Occupation: Saloon Keeper

Where Residing if not at place of death: —

Married, Single or Widowed: widower

Name of Wife or Husband: Annie E. B. Hartle.

Father's Name: Jacob Hartle

Father's Birthplace: Md.

Mother's Maiden Name: Nancy Koontz

Mother's Birthplace: "

Name of person giving information: Isiah Hartle

How related to deceased: brother

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: 2 64

How long

Immediate: Apoplexy

How long

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: E. A. Warsham M.D.

Address: Hagerstown Md

Accident or Suicide?

LIBRARY BUREAU A66814

Name in Full: Not named

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Hagerstown — County: Washington

Date of death 1904: Month: Oct. — Day: 17

Age: Years: — Months: — Days: 1

Sex: Female — Color or Race: White — Birthplace: Hagerstown Md

Married, Single or Widowed: Infant — Occupation:

Name of Wife or Husband:

Father's Name: Edward F. Hagues — Father's Birthplace: Maryland

Mother's Maiden Name: Martha E. Willman — Mother's Birthplace: Pa

Name of person giving In formation: Edward F Hagues — How related to deceased: Father

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Circulation poor at birth — How long: 5

Immediate: Exhaustion — How long:

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: O. H. W. Rogers

Address: Hagerstown Md.

Accident or Suicide:

LIBRARY BUREAU A28516

L. C. Dunn & Son

Name in Full Pauline R. Hess

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at — Town: Hagerstown — County: Washington

Date of death 1904 — Month: 10 — Day: 31 — **Age** — Years: 1 — Months: 3 — Days: —

Sex: Female — Color or Race: White — Birthplace: Md

Occupation: — Where Residing if not at place of death: —

Married, Single or Widowed: — Name of Wife or Husband: —

Father's Name: Maurice Hess — Father's Birthplace: Md

Mother's Maiden Name: Margarett E. Dehlinger — Mother's Birthplace: Md

Name of person giving Information: Maurice Hess — How related to deceased: Fa Fin

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Pneumonia — How long: 4 7

Immediate: Exhaustion — How long:

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: E. M. Markam

Address: Hagerstown

Accident or Suicide?

LIBRARY BUREAU A88616

Name in Full: Still Born

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Funkstown — County: Washington

Date of death 1904 — Month: Oct — Day: 12 — Age — Years — Months — Days

Sex: Male. — Color or Race: White — Birthplace: Funkstown

Occupation — Where Residing if not at place of death

Married, Single or Widowed — Name of Wife or Husband

Father's Name: Jacob A Horn — Father's Birthplace: Halfway

Mother's Maiden Name: Sallie Gover. — Mother's Birthplace: Funkstown

Name of person giving Imformation: Jacob A Horn — How related to deceased

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary — How long

Immediate: Stiel Born S. — How long

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: L T Reecher

Address: Funkstown Md

Accident or Suicide?

PHYSICIAN OR CORONER

LIBRARY BUREAU A8981B

Name in Full: Hester E Johns

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Hagerstown — County: Washington

Date of death: Month: Oct — Day: 3 — Years: Age 46 — Months — — Days —

Sex: Female — Color or Race: Colored — Birthplace: Va

Occupation: House work — Where Residing if not at place of death:

Married, Single or Widowed: Widow — Name of Wife or Husband:

Father's Name: Williams Fairfax — Father's Birthplace: Va

Mother's Maiden Name: Louisa Robinson — Mother's Birthplace: Va

Name of person giving Information: Helen Fairfax — How related to deceased: Daughter

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Pernicious Intermittis — How long: One week

Immediate: Paralysis of Respiration — How long: One Day

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: D W Degarmon

Address: Hagerstown, Md

Accident or Suicide?

LIBRARY BUREAU A66516

Name in Full: Elizabeth Johnson

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Sharpsburg; County: Washington

Date of death 1904: Month: Oct.; Day: 19.

Age: Years: 79.; Months: 4.; Days: 28.

Sex: Female

Color or Race: White

Birthplace: Maryland

Occupation: ——

Where Residing if not at place of death: Sharpsburg

Married, Single or Widowed: Widowed

Name of Wife or Husband: ——

Father's Name: Andrew McCoy

Father's Birthplace: Maryland

Mother's Maiden Name: Mosea Rhodes

Mother's Birthplace: "

Name of person giving information: Mrs Vandell Johnson

How related to deceased: Daughter in law

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: General debility & old age — How long: For years

Immediate: Heart Failure 154 — How long: a short time

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: O. H. Boonsman

Address: Sharpsburg Md

Accident or Suicide?

LIBRARY BUREAU A66616

Eugene Market
Undertaker

Name in Full

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at Town: Clear Spring County: Washington

Date of death: Month 10 Day 15 1904

Age: Years Still born Months Days

Sex: Femal

Color or Race: White

Birthplace: Clear Spring

Occupation

Where Residing if not at place of death

~~Married, Single or Widowed~~

~~Name of Wife or Husband~~

Father's Name: Benj. Kissinger

Father's Birthplace: Maryland

Mother's Maiden Name: Edith M. Drury. Single

Mother's Birthplace: Clear Spring

Name of person giving information

How related to deceased

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Still born

How long

Immediate

How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: Abraham Shank

Address: Clear Spring Washington Co. Md.

~~Accident or Suicide~~

LIBRARY BUREAU ABBOTS

Name in Full: Alfred H. McC. Cardell

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Hagerstown — County: Washington

Date of death: Month: Oct. Day: 16 1904 — Age: Years: 54 Months: 11 Days: —

Sex: male — Color or Race: White — Birthplace: Md.

Occupation: Stone Cutter — Where Residing if not at place of death: —

Married, Single or Widowed: Divorced married — Name of Wife or Husband: Irene McC. Cardell

Father's Name: Willoughby McC. Cardell — Father's Birthplace: Md.

Mother's Maiden Name: Belinda Weaver — Mother's Birthplace: Penna.

Name of person giving Information: Mrs. Carver Mobley — How related to deceased: sister.

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Found Dead Supposed Apoplexy — How long:

Immediate: — How long:

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: C A Markham

Address:

Accident or Suicide?

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LIBRARY BUREAU A60816

Name in Full: Maggie Markers

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Sharpsburg — County: Washington

Date of death 1904 — Month: Oct- — Day: 18.

Age — Years: 47 — Months: 4 — Days: 28

Sex: Female — Color or Race: White — Birthplace: Sharpsburg

Occupation: —

Where Residing if not at place of death: "

Married, Single or Widowed: Married — Name of Wife or Husband: William Markers

Father's Name: Harriet Reel — Father's Birthplace: Sharpsburg

Mother's Maiden Name: Ann Bamford — Mother's Birthplace: "

Name of person giving information: Sallie Reel — How related to deceased: Sisters

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Tuberculosis — How long: Several months

Immediate: Exhaustion — How long: —

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: C. H. Gardner

Address: Sharpsburg Md

Accident or Suicide?

LIBRARY BUREAU A88818

Eugene Markers
Undertaker

Name in Full: William C Munson

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Hagerstown — County: Washington

Date of death 1904: Month: Oct — Day: 1

Age: Years: 46 — Months: 7 — Days: 2

Sex: Male — Color or Race: White — Birthplace: Hagerstown Md

Married, Single or Widowed: Married — Occupation: Bartender

Name of Wife or Husband: Jennie Phillips

Father's Name: Fredrick Munson — Father's Birthplace: Md

Mother's Maiden Name: Sarah Fall — Mother's Birthplace: Md.

Name of person giving information: Wife — How related to deceased: Wife

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Cirhosis of Liver — How long: 1 yr.

Immediate: Exhaustion. — How long: 1 week

Are the name, age, sex, color, date and place correctly given above? Yes.

Signature of Physician: W B Monnan

Address: Hagerstown Md

Accident or Suicide? No

LIBRARY BUREAU A66016

Name in Full: Mahala Nicodemus

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Near Sandy Hook; County: Washington

Date of death: Month: 10; Day: 28; 1904

Age: Years: 74; Months: "; Days: "

Sex: Female

Color or Race: White

Birthplace: Md

Occupation: Housewife

Where Residing if not at place of death:

Married, Single or Widowed:

Name of Wife or Husband: Emanuel Nicodemus

Father's Name: Abraham Brown

Father's Birthplace: Md

Mother's Maiden Name: Anna Riner

Mother's Birthplace: "

Name of person giving information: Chas H. Fleeta

How related to deceased: not related

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Mitral Insufficiency

How long: 3 years

Immediate: Anemia

How long:

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: G. T. Fowler

Address: Boonsboro Md

Accident or ~~Suicide~~?

LIBRARY BUREAU A88518

Name in Full: Thomas Norris

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Keedysville; County: Washington

Date of death: 1904; Month: 10; Day: 5; Age: Years 63, Months 9, Days 6

Sex: Male; Color or Race: White; Birthplace: Harpers Ferry W Va

Occupation: Bridge Watchman; Where Residing if not at place of death: Keedysville

Married, ~~Single~~ or Widowed; Name of Wife or Husband: Mary Ann Norris

Father's Name: John F. Norris; Father's Birthplace: Sandy Hook

Mother's Maiden Name: Elizabeth Grover; Mother's Birthplace: Sandy Hook

Name of person giving information: Martha Norris; How related to deceased: Daughter

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Gastric Carcinoma 40; How long: 1 year

Immediate: Ascites; How long: 1 month

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: W. M. Nihiser

Address: Keedysville Md

Accident or Suicide?

LIBRARY BUREAU A68316

Name in Full: William Potts

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at — Town: Mill Point. — County: Washington

Date of death 190 4 — Month: Oct. — Day: 21 — Age — Years: — Months: — Days: —

Sex: Male — Color or Race: White — Birthplace: Wash. Co. Md.

Married, Single or Widowed: Single — Occupation: None.

Name of Wife or Husband:

Father's Name: Harvey Potts — Father's Birthplace: Wash. Co. Md.

Mother's Maiden Name: Frances Lewis — Mother's Birthplace: Wash. Co. Md.

Name of person giving Information: Harvey Potts — How related to deceased: Father

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Still - born. — How long:

Immediate: — How long:

Are the name, age, sex, color, date and place correctly given above? yes.

Signature of Physician: J. Hubert Wade, M.D.

Address: Boonsboro, Wash. Co. Md.

Accident or Suicide?

LIBRARY BUREAU A88319

Name in Full: Mollie Virginia Shives

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Hancock — County: Was

Date of death 1904 — Month: Oct — Day: 8 — Age: Years 33 — Months 8 — Days

Sex: Female — Color or Race: White — Birthplace: Fulton Co. Pa

Occupation — Where Residing if not at place of death: Hancock

Married, Single or Widowed: Single — Name of Wife or Husband

Father's Name: Daylon O. Shives — Father's Birthplace: Fulton Co. Pa

Mother's Maiden Name: Malvina Gunnels — Mother's Birthplace: " " "

Name of person giving Information: Daylon O. Shives — How related to deceased: Father

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary — How long

Immediate: Intussusception 27 — How long 3 Hrs

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: P. Thomas Shives

Address: Hancock Md.

Accident or Suicide?

LIBRARY BUREAU A66816

Name in Full: Roserelt Shorts

CERTIFICATE OF DEATH

MARYLAND

Died at: Hagerstown | Town | County: Washington

Date of death: Month 10 | Day 31 | Year 1904 | Age: Years — | Months 6 | Days —

Sex: Male | Color or Race: Colored | Birthplace: Md

Occupation: Child | Where Residing if not at place of death:

Married, Single or Widowed: Single | Name of Wife or Husband:

Father's Name: Samuel Shorts | Father's Birthplace: Va

Mother's Maiden Name: Savina Bragg | Mother's Birthplace: Va

Name of person giving Information: Savina Shorts | How related to deceased: Mother

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TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Malnutrition | How long: 6 mos.

Immediate: Cardiac failure | How long: 3 days

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: D. Montgomery

Address: Hagerstown, Md

Accident or Suicide? No

LIBRARY BUREAU A88516

Name in Full

CERTIFICATE OF DEATH

Died at Town: Greencastle, Pa County: Franklin Pa. MARYLAND

Date of death: 1904 Month: Oct Day: 26 Age: Years: 1 Months: 8 Days: 10

Sex: Male Color or Race: White Birthplace: Greencastle

Occupation: Where Residing if not at place of death:

Married, Single or Widowed: Name of Wife or Husband:

Father's Name: Bruce M. Shrader Father's Birthplace: Greencastle Pa

Mother's Maiden Name: Sara V. Bowers Mother's Birthplace: Washgtn Co. Md

Name of person giving Imformation: E. M. McLaughlin How related to deceased: Not related

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TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Marasmus How long: Since birth

Immediate: Exhaustion How long: Since August

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: E. W. Palmer M.D.

Address: Greencastle, Pa.

Accident or Suicide?

LIBRARY BUREAU A88316

L. Deutsch & Son

Name in Full: No name

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Smithsburg — County: Washington

Date of death: Month: Oct — Day: 23 — Years: — Months: 6 month Gestation — Days:

Age

Sex: Girl — Color or Race: White — Birthplace: Smithsburg

Occupation: Still born — Where Residing if not at place of death:

Married, Single or Widowed — Name of Wife or Husband

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: Edgar Smith — Father's Birthplace: Frederick co

Mother's Maiden Name: Edith Kindle — Mother's Birthplace: Smithsburg

Name of person giving In formation: David Kindle — How related to deceased: Grand father

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Premature Labor — How long

Immediate — How long

Are the name, age, sex, color, date and place correctly given above?

10/31

Signature of Physician: J. L. Massie

Address: Smithsburg

Accident or Suicide?

LIBRARY BUREAU A89518

Name in Full: Daniel F. Snyder

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Hagerstown County: Washington

Date of death: Month: Oct. Day: 17 1904

Age: Years: 67 Months: — Days: —

Sex: male Color or Race: White Birthplace: Md.

Occupation: Laborer Where Residing if not at place of death: ——

Married, Single or Widowed: married Name of Wife or Husband:

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: Daniel Snyder Father's Birthplace: Md.

Mother's Maiden Name: Not Known. Mother's Birthplace:

Name of person giving Information: Clyde Snyder How related to deceased: son.

CAUSES OF DEATH

Primary: Paralysis How long:

Immediate: Exhaustion How long:

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: A R Slauffer M.D.

Address: Hagerstown Md.

Accident or Suicide?

LIBRARY BUREAU A58516

Name in Full: William B Spickler

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Hagerstown — County: Washington

Date of death: 1904 — Month: 10 — Day: 22 — Age: Years 27 — Months 3 — Days 4

Sex: Male — Color or Race: White — Birthplace: Md

Occupation: Clerk — Where Residing if not at place of death:

Married, Single or Widowed: Married — Name of Wife or Husband: Gertrude D Spickler

Father's Name: Abner D Spickler — Father's Birthplace: Md

Mother's Maiden Name: Lillie M. Spickler — Mother's Birthplace: Md

Name of person giving Information: Abner D Spickler — How related to deceased: Father

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Tuberculosis — How long: 2 Y

Immediate: Exhaustion — How long:

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: E D Marshall

Address: Hagerstown Md

Accident or Suicide?

PHYSICIAN OR CORONER

LIBRARY BUREAU A8S516

CERTIFICATE OF DEATH

MARYLAND

Name in Full: Amanda Stine

Died at — Town: Rohrersville — County: Washington — State: Md

Date of death: 1904 — Month: 10 — Day: 30 — Age: Years 79 — Months 11 — Days 7

Sex: Female — Color or Race: White — Birthplace: Rohrersville

Occupation: House Wife — Where Residing if not at place of death: Rohrersville

Married, ~~Single~~ or Widowed — Name of Wife or Husband: John N Stine

Father's Name: Samuel Rohrer — Father's Birthplace: Rohrersville

Mother's Maiden Name: Elizabeth Crampton — Mother's Birthplace: Rohrersville

Name of person giving information: John Stine — How related to deceased: Son

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Old Age (93) — How long

Immediate: acute Pneumonia — How long 2 days

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: C. D. Baker. M.D.

Address: Rohrersville Maryland

Accident or Suicide?

PHYSICIAN OR CORONER

LIBRARY BUREAU A88516

Name in Full

Certificate of Death

Benjamin F. Weber

Died at Town: Rud County: Washington MARYLAND

Date 1904 Month: Oct. Day: 2?2 | Age Y. 82 M. D. | Native of M.d | Occupation Farmer

Male ~~Female~~ | White ~~Colored~~ | Married ~~Single~~ | ~~Widow~~ ~~Widower~~ | ~~Divorced~~ | Number of children living Three

Husband ~~Wife~~ of Annie Martin Benjamin Weber

Father's Name Daniel | Mother's Maiden Name Kate Bailey

Cause of Death: Primary Tuberculosis | How long sick Six Months

Immediate | ~~Accident, Suicide, Homicide~~

Reported by Dr L. Smiley M.D.

Address Shady Grove Penn

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU 70208